

TS105 F-25: Facilities Access Notification of Works Form

Notes:

1. The **Third Parties** (who have a current **Facilities Access Agreement**) **Must** submit this form to SA Power Networks' Facilities Access Contracts Manager (FACM), to notify their intent of conducting works on and or around SA Power Networks' infrastructure.
2. This form is **not** to be used by any **Civil Contractor** intending to dig around our asset. Please refer to all applicable documents eg [NICC404](#), [TS085](#), [TS110](#) and any other project specific requirements.

<i>Please fill in your works details:</i>				
Site Location:				
Site Reference No. (If applicable)				
Proposed Works Commencement:	Date:		Time:	
Proposed Works Completion:	Date:		Time:	
Company's/Company's Representative Name:				
Accompanying Personnel Names: (Please add all personnel names those will be onsite.) Note: If site location is SA Power Networks' Main Building 1 Anzac Hwy Keswick, then Please ' TICK ' to indicate if personnel have completed a building induction in the past 12 months.				
Description of Works (ie nature of work intended to be carried out, any comments etc.)				

Specifically note that SA Power Networks will not be able to grant permission for accessing our infrastructure if you do not satisfy the following requirements:

1. Pursuant to the Facilities Access Agreement, you have consulted with the SA Power Networks' Facilities Access Contracts Manager (FACM) via (08) 8404 5399 or email facilitiesaccess@sapowernetworks.com.au.
2. You have read, understood and agreed to our Facilities Access Manual No. 26. Access to this manual is restricted via password protection. If you do not have a password and are SA Power Networks' contractor, please contact NetworkStandards@sapowernetworks.com.au else click here to [login](#) to obtain a copy.
3. You have undertaken all reasonably practical measures to comply with SA Electricity Act 1996 & SA Electricity (General) Regulations 2012.
4. You have Safe Works Method Statement (SWMS) in place, which is a requirement for High Risk Construction Works as specified in SA WHS Act 2012 & SA WHS Regulations 2012.

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For your response to the following questions, please 'TICK' the appropriate box.	Yes	No
1. Are the contractors engaged on your behalf suitably trained/qualified as prescribed in SA Electricity Act 1996 and SA Electricity (General) Regulations 2012? Note: if 'NO' to this question: a) You shall comply with NICC404 and Facilities Access Manual No. 26 requirements.		
2. Have you ensured that you will be able to maintain safe clearances to our live asset, as prescribed in SA Electricity Act 1996 and SA Electricity (General) Regulations 2012? Note: if 'NO' to this question: a) You shall comply with NICC404 and Asset Access Manual 27A requirements, and b) You shall consult SA Power Networks' Facilities Access Contracts Manager (FACM) via (08) 8404 5399 or email facilitiesaccess@sapowernetworks.com.au .		
3. Will you need SA Power Networks' Low Voltage and or High Voltage network to be isolated (ie de-energised) to carry out your works? Note: if 'YES' to this question: a) You shall comply with NICC404 and Asset Access Manual 27A requirements, and b) You shall consult SA Power Networks' Facilities Access Contracts Manager (FACM) via (08) 8404 5399 or email facilitiesaccess@sapowernetworks.com.au .		
4. Are there any of SA Power Networks' Telecommunication Assets in the vicinity of your works area? Note: if 'YES' to this question: a) You shall consult SA Power Networks' Facilities Access Contracts Manager (FACM) via (08) 8404 5399 or email facilitiesaccess@sapowernetworks.com.au .		
5. Are there any other utilities assets in the vicinity of your works area? Note: if 'YES' to this question: a) You shall comply with the relevant authorities regarding their specifications.		

This completed form shall be emailed to SA Power Networks' Facilities Access Contracts Manager (FACM) at facilitiesaccess@sapowernetworks.com.au.

I, the undersigned _____ certify that all the information supplied in this form is filled in correctly to the best of my knowledge and understanding.

Name of Authorised Representative Signature: _____ Date: ____/____/____

SA Power Networks' Facilities Access Contracts Manager (FACM) action/recommendations (if applicable):

SA Power Networks' Facilities Access Contracts Manager (FACM) Signature: _____ Date: ____/____/____